

APPENDIX E

ANNOTATED QUESTIONNAIRE

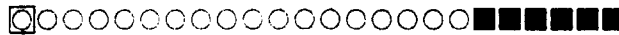
1997 Health Care Survey of DoD Beneficiaries

FORM A

Four large empty rectangular boxes arranged in a 2x2 grid, intended for data entry.

UHC Survey No. 97-0008

UNITED HEALTHCARE
SURVEY PROCESSING ACTIVITY
c/o DATA RECOGNITION CORPORATION
5900 BAKER ROAD
MINNETONKA, MN 55345-5967



DO NOT WRITE IN THIS AREA



Privacy Notice

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: The Federal Government may collect the information requested in the 1997 Health Care Survey of DoD Beneficiaries under the authority of Public Law 102-484 (10 USC 1071 note), Section 724 of the FY 1993 Defense Authorization Act.

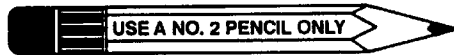
Principal Purpose: This survey is being conducted to help policy makers learn more about the military health care system. Information from the survey will be used to assist in the formulation of policies that may be needed to improve the military health care system. In addition, the survey information will be used by military medical treatment facility commanders to evaluate the services provided. This survey will be conducted on an annual basis.

Disclosure: Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. However, maximum participation is essential to ensure that the data are complete and representative. Your survey questionnaire will be treated as confidential. Any identifiable information will be used only by persons involved in the survey. Only group statistics will be reported in findings from this project.

Routine Uses: An annual report to Congress will be prepared using the survey data. Other reports will be provided to the Office of the Assistant Secretary of Defense (Health Affairs), each military service and to military medical treatment facility commanders. Some findings may be reported in manuscripts presented at conferences, symposia, scientific meetings, and professional journals.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Please use a No. 2 pencil.

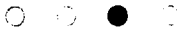


- Make heavy black marks that fill the circle for your answer.
- Please do not make stray marks of any kind.

INCORRECT MARKS



CORRECT MARK



- Unless otherwise specified in the instructions for a question, only one answer should be marked.

Example:

How long has this child lived in his or her current local area?

- ☒ Less than 6 months
- ☐ 6-12 months
- ☐ 1-3 years
- ☐ More than 3 years

If your answer is "Less than 6 months," then mark just one circle as shown above.

- Sometimes you will be asked to enter a number in a row of boxes. When this occurs, you should write the requested information in the row of boxes and blacken the corresponding circles under the numbers you wrote.

Example

- What age were you on your last birthday?
- Write the numbers in the boxes, making sure that the last number is always placed in the right-hand box.
- Fill in the unused boxes with zeros.
- Then, mark the matching circle below each box.

Age

2	8
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

I: Your Health and Daily Activities

1. In general, would you say your health is:

- 5 ☐ Excellent
- 4 ☐ Very Good
- 3 ☐ Good
- 2 ☐ Fair
- 1 ☐ Poor

H9701

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- 3 ☐ Yes, limited a lot
- 2 ☐ Yes, limited a little
- 1 ☐ No, not limited at all

H9702A

b. Climbing several flights of stairs

- 3 ☐ Yes, limited a lot
- 2 ☐ Yes, limited a little
- 1 ☐ No, not limited at all

H9702B

3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Accomplished less than you would like

- 1 ☐ Yes
- 2 ☐ No

H9703A

b. Were limited in the kind of work or other activities

- 1 ☐ Yes
- 2 ☐ No

H9703B

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Accomplished less than you would like

- 1 ☐ Yes
- 2 ☐ No

H9704A

b. Didn't do work or other activities as carefully as usual

- 1 ☐ Yes
- 2 ☐ No

H9704B

5. During the past 4 weeks, how much did pain interfere with your normal work (including work both outside the home and housework)?

- 1 ☐ Not at all
- 2 ☐ A little bit
- 3 ☐ Moderately
- 4 ☐ Quite a bit
- 5 ☐ Extremely

H9705

6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

a. have you felt calm and peaceful?

- 6 ☐ All of the time
- 5 ☐ Most of the time
- 4 ☐ A good bit of the time
- 3 ☐ Some of the time
- 2 ☐ A little of the time
- 1 ☐ None of the time

H9706A

b. did you have a lot of energy?

- 6 ☐ All of the time
- 5 ☐ Most of the time
- 4 ☐ A good bit of the time
- 3 ☐ Some of the time
- 2 ☐ A little of the time
- 1 ☐ None of the time

H9706B

c. have you felt downhearted and blue?

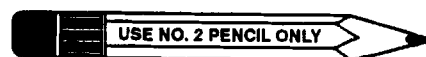
- 6 ☐ All of the time
- 5 ☐ Most of the time
- 4 ☐ A good bit of the time
- 3 ☐ Some of the time
- 2 ☐ A little of the time
- 1 ☐ None of the time

H9706C

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- 6 ☐ All of the time
- 5 ☐ Most of the time
- 4 ☐ A good bit of the time
- 3 ☐ Some of the time
- 2 ☐ A little of the time
- 1 ☐ None of the time

H9707



8. Compared to one year ago, how would you rate your health in general now?

H9708

- 5 Much better now than one year ago
4 Somewhat better now than one year ago
3 About the same
2 Somewhat worse now than one year ago
1 Much worse now than one year ago

9. During the past 12 months, how many days did you miss from work (including work at home and child care responsibilities) due to your own illness or injury?

- 1 None
2 1-2 days
3 3-4 days
4 5-6 days
5 7-10 days
6 11-20 days
7 21-30 days
8 31 days or more

H9709

II. Preventive Health Care and Health Habits

10. When did you LAST visit a doctor for any reason?

- 6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a visit to a doctor

H9710

11. NOT counting when you were sick or pregnant, when was the LAST TIME you had a general medical or physical examination or checkup?

- 6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a general physical or checkup

H9711

12. When did you LAST have a blood pressure reading?

- 6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a blood pressure reading

H9712

13. When did you LAST have a cholesterol screening, (that is, a test to determine the level of cholesterol in your blood)?

- 6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a cholesterol screening

H9713

14. When did you LAST have an immunization or flu shot?

- 6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had an immunization or flu shot

H9714

15. In the past 12 months, has a doctor or other health care provider given you advice or information on ways to stay healthy through diet, exercise, or other lifestyle changes?

- 1 Yes
2 No

H9715

16. When was the last time you had a general dental examination or checkup?

- 6 Within the past 12 months
5 1 to 2 years ago
4 More than 2 but less than 3 years ago
3 3 years to less than 5 years ago
2 5 or more years ago
1 Never had a dental checkup

H9716

17. Have you smoked at least 100 cigarettes in your entire life?

- 1 Yes
2 No ⇒ Go to question 20

H9717

H9717 R SEE NOTE 1

18. Do you now smoke every day, some days or not at all?

- 3 Every day ⇒ Go to question 20
2 Some days ⇒ Go to question 20
1 Not at all

H9718

H9718 R



19. How long has it been since you quit smoking cigarettes?

H9719

- 6 ☐ Within the past 12 months
5 ☐ 1 to 2 years ago ⇒ Go to question 21
4 ☐ More than 2 but less than 3 years ago ⇒ Go to question 21
3 ☐ 3 years to less than 5 years ago ⇒ Go to question 21
2 ☐ 5 or more years ago ⇒ Go to question 21
1 ☐ Don't know ⇒ Go to question 21

H9719_R

20. During the past 12 months, did you receive advice or help on how to quit smoking from a doctor or other health care professional?

- 1 ☐ Yes
2 ☐ No

H9720

H9720_R

21. During the past 12 months, have you used chewing tobacco, snuff or other smokeless tobacco?

- 1 ☐ Yes
2 ☐ No

H9721

22. Are you a male or female?

- 1 ☐ Male
2 ☐ Female ⇒ Go to question 24

SRSEX

XSEXA SEE NOTE 2 PART A

III: For Men Only

23. When was the LAST time you had a prostate gland examination or blood test for prostate disease?

- 6 ☐ Within the past 12 months
5 ☐ 1 to 2 years ago
4 ☐ More than 2 but less than 3 years ago
3 ☐ 3 years to less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a prostate gland examination

H9723

⇒ Please go to question 30.

H9723_R SEE NOTE 2 PART B

III: For Women Only

24. When did you LAST have a routine female examination with a Pap smear?

- 6 ☐ Within the past 12 months
5 ☐ 1 to 2 years ago
4 ☐ More than 2 but less than 3 years ago
3 ☐ 3 years to less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a routine female exam with Pap smear

H9724

H9724_R SEE NOTE 2 PART C

25. Do you know how to examine your breasts for lumps?

H9725

- 1 ☐ Yes
2 ☐ No ⇒ Go to question 26

H9725_R

a. How did you learn about breast self-examination?

Mark all that apply.

- A ☐ From a physician
B ☐ From a nurse
C ☐ From some other health care provider
D ☐ Learned in a class or meeting
E ☐ From a book or pamphlet
F ☐ From some other source

H9725AA - H9725AF

1 = marked
2 = not marked

H9725AA_R - H9725AF_R SEE NOTE 3

b. When did you last do a breast self-examination?

- 7 ☐ Within the past month
6 ☐ 2 to 3 months ago
5 ☐ 4 to 6 months ago
4 ☐ 7 to 11 months ago
3 ☐ A year ago
2 ☐ More than a year ago
1 ☐ Never

H9725B

H9725B_R

26. When was the LAST time your breasts were checked by mammography or other X-ray-like procedure?

- 6 ☐ Within the past 12 months
5 ☐ 1 to 2 years ago
4 ☐ More than 2 but less than 3 years ago
3 ☐ 3 years to less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never had a mammography

H9726

H9726_R

27. When was the LAST time a doctor or other health care professional checked your breasts for lumps (other than with a mammography or X-ray-like procedure)?

- 6 ☐ Within the past 12 months
5 ☐ 1 to 2 years ago
4 ☐ More than 2 but less than 3 years ago
3 ☐ 3 years to less than 5 years ago
2 ☐ 5 or more years ago
1 ☐ Never have been checked for lumps

H9727

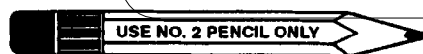
H9727_R

28. Have you been pregnant in the PAST 12 MONTHS or are you pregnant NOW?

H9728

- 1 ☐ Yes, I am pregnant now or have been pregnant in the past 12 months
2 ☐ No ⇒ Go to question 30

H9728_R SEE NOTE 4



29. When did you **FIRST** begin receiving care for the pregnancy from a doctor or other health care professional?

H9729

- 7 ☐ During first 3 months
6 ☐ During second 3 months
5 ☐ During final 3 months
4 ☐ No care yet; I am now less than 3 months pregnant
3 ☐ No care yet; I am now between 3 and 6 months pregnant
2 ☐ No care yet; I am now more than 6 months pregnant
1 ☐ No care before I delivered

H9729_R

IV. Place of Medical Care and Health Insurance Coverage

30. Is there a particular place you usually go to when you, yourself, are sick or need advice about your health?

- 1 ☐ Yes
2 ☐ No ⇒ Go to question 32

H9730

H9730_R SEE NOTE 5

31. What type of place do you usually go to when you are sick or need health advice? **MARK ONLY ONE ANSWER.**

H9731

- ☐ A military clinic or hospital (including sick call)
☐ A civilian place, such as a private doctor's office or DoD contractor
1 ☐ A PRIMUS or NAVCARE Clinic
2 ☐ A Uniformed Services Treatment Facility (USTF)
3 ☐ A Veterans Affairs (VA) clinic or hospital
4 ☐ Some other type of place
5
6

32. In the past 12 months, did you go to a hospital emergency room for your own health care?

- 1 ☐ Yes
2 ☐ No ⇒ Go to question 34

H9732

H9732_R SEE NOTE 6

33. In the past 12 months, did you ever go to a hospital emergency room because you could not obtain an appointment at the place you usually go?

- 1 ☐ Yes
2 ☐ No

H9733

34. Are you, yourself, now covered by **CHAMPUS/TRICARE**?

H9734

(CHAMPUS/TRICARE is the medical program for active duty members, qualified family members, non-Medicare eligible retirees and their family members, and survivors of all uniformed services)

- 1 ☐ Yes, I am covered by CHAMPUS/TRICARE
2 ☐ No, I am not covered by CHAMPUS/TRICARE

35. Are you, yourself, now covered by **CHAMPUS Supplemental insurance**?

H9735

(This is medical insurance you usually get through military or retiree associations. It helps pay the balance due after standard CHAMPUS pays its share of medical fees.)

- 1 ☐ Yes, I am covered by CHAMPUS Supplemental insurance
2 ☐ No, I am not covered by CHAMPUS Supplemental insurance

36. Are you, yourself, now covered by **MEDICARE, Part A**?

H9736

(Medicare is a federal health insurance program for people 65 or older and certain disabled people. Part A helps pay for inpatient hospital care.)

- 1 ☐ Yes, I am covered by Medicare, Part A
2 ☐ No, I am not covered by Medicare, Part A
⇒ Go to question 39

H9736_R SEE NOTE 7

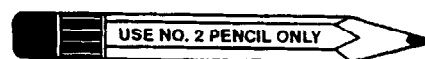
37. Are you, yourself, now covered by **MEDICARE, Part B**?

H9737

H9737_R

(Medicare is a federal health insurance program for people 65 or older and certain disabled people. Part B helps pay for doctors' services, outpatient hospital services and certain other services.)

- 1 ☐ Yes, I am covered by Medicare, Part B
2 ☐ No, I am not covered by Medicare, Part B
⇒ Go to question 39



38. Are you, yourself, now enrolled with a managed care organization (HMO).

H9738

(A managed care organization identifies a physician that you go to first for all of your health care needs, and, if necessary, refers you to other providers. As an enrollee, you will usually pay nothing or only a small fee (such as \$12 per visit) for any health care you need.

- 3 Yes, I am enrolled in the program TRICARE SENIOR at a military treatment facility.
2 Yes, I am enrolled with a civilian managed care organization.
1 No, I am not enrolled with a managed care organization

H9738_R

39. Are you, yourself, now covered by MEDICARE supplemental insurance?

H9739

(Medicare supplemental insurance, also called Medigap or MedSup, is usually obtained from private insurance companies and covers the sum of the costs not paid for by Medicare.)

- 1 Yes, I am covered by Medicare supplemental insurance
2 No, I am not covered by Medicare supplemental insurance

40. Are you, yourself, now covered by PRIVATE medical insurance or an HMO such as Blue Cross, Prudential, or Kaiser?

(Please do NOT include CHAMPUS or CHAMPUS/Medicare supplemental policies)

- 1 Yes
2 No ⇒ Go to question 42

H9740

H9740_R SEE NOTE 8

41. Who pays the premium for your PRIVATE medical insurance? MARK ALL THAT APPLY.

(The premium is the amount you pay to purchase the policy. It does not include your share of the cost of services you receive, called copayments and deductibles.)

H9741A - H9741D

- A Myself or my family
B My present or former employer
C My spouse's present or former employer
D Some other person or company 1 = marked
2 = not marked

V: Medical Care at Military Facilities

For questions in this section, "MILITARY facility" includes ONLY military hospitals or clinics and PRIMUS or NAVCARE facilities. It does not include care at USTFs, VA hospitals and clinics, or TRICARE civilian network providers. "MILITARY provider" includes doctors and other health care professionals who work at military/PRIMUS/NAVCARE facilities.

42. In the past 12 months, was there a time when you wanted to get health care at a MILITARY facility but could not get care?

- 1 Yes
2 No

H9742

43. Did you, yourself, receive any health care from a MILITARY facility or provider in the past 12 months?

- 1 Yes
2 No ⇒ Go to question 53

H9743

H9743_R SEE NOTE 9

44. Did you stay overnight or longer as a patient in a MILITARY hospital in the past 12 months?

- 1 Yes
2 No ⇒ Go to question 46

H9744

H9744_R SEE NOTE 10

45. How many nights did you stay in a MILITARY hospital as a patient in the past 12 months?

H9745

Nights

(If more than 99 nights, mark "99")

00-99

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Write the number in the boxes.
← Then, mark the matching bubble below each box.

46. How many outpatient visits did you make to a MILITARY facility or provider in the past 12 months?

(If more than 99 visits, mark "99")

00 - 99

Visits

H9746

Write the number in the boxes.

Then, mark the matching bubble below each box.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

48. In the past 12 months, how long did you USUALLY wait in the office or waiting room to see a MILITARY provider?

H9748

- 1 ☐ Less than 10 minutes
- 2 ☐ 10 minutes to less than 15 minutes
- 3 ☐ 15 minutes to less than 30 minutes
- 4 ☐ 30 minutes to an hour
- 5 ☐ More than 1 hour

49. In the past 12 months, how long did it USUALLY take you to travel to the MILITARY facility where you had your visit(s)?

H9749

- 1 ☐ Less than 10 minutes
- 2 ☐ 10 minutes to less than 15 minutes
- 3 ☐ 15 minutes to less than 30 minutes
- 4 ☐ 30 minutes to an hour
- 5 ☐ More than 1 hour

47. In the past 12 months, how many telephone calls did you or a family member USUALLY make to get an appointment with a MILITARY provider for YOU?

H9747

- 2 1 to 2 calls
- 3 3 to 5 calls
- 4 6 to 9 calls
- 5 10 or more calls
- 1 Have not made telephone calls for appointments in past 12 months

50. How long did you USUALLY wait between the day you made an appointment for care and the day you actually saw a MILITARY provider?

When going for:

Same Day

1-3 Days

4-7 Days

8-14 Days

15-30 Days

31-60 Days

More Than 60 Days

Does Not Apply

a. Routine care (like a checkup)

H9750A

b. Minor illness or injury (like treatment for a sore throat)

H9750B

c. Chronic or on-going condition

H9750C

d. Urgent care (like a broken arm or shortness of breath)

H9750D

51. How much do you agree or disagree with the following statements about the health care you received at MILITARY facilities?

a. I am satisfied with the health care that I receive at military facilities.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly Agree

H9751A

b. I would recommend military health care to my family or friends who need care.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly Agree

H9751B

52. Please rate the following aspects of the health care you received at MILITARY facilities in the past 12 months.
(If a question does not apply to you, mark Not Applicable.)

H9752A -H9752GG

	1	2	3	4	5	-6
	Poor	Fair	Good	Very Good	Excellent	Not Applicable
a. Convenience of location of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Access to health care whenever you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Access to a specialist if you need one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Access to hospital care if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Access to medical care in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ease of making appointments for health care by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Length of time you wait at office to see the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Length of time you wait between making an appointment for routine care and the day of your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Availability of health care information or advice by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Services available for getting prescriptions filled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Thoroughness of examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Ability to diagnose my health care problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Skill of health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Thoroughness of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. The outcomes of your health care (how much you are helped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Overall quality of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Provider's explanation of health care procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Provider's explanation of medical tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Attention provider gives to what you have to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Advice provider gives you about ways to avoid illness and stay healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Courtesy shown to you by administrative staff (e.g., receptionists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Courtesy shown to you by health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Provider's concern for you as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. Provider's concern for your privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. continued . . . H9752A -H9752GG continued

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	-6 Not Applicable
z. Reassurance and support offered to you by health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aa. Amount of time with health care providers during a visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb. Ability to choose health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc. Ease of seeing the provider of your choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dd. Health care providers' personal interest in the outcome of your problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee. Protection you have against financial hardship due to medical expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff. Help with arrangements to get the health care you need without financial problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gg. Ease of parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. During the past 12 months, did YOU have any prescriptions that were written by a CIVILIAN PROVIDER but which were filled or refilled at a MILITARY Pharmacy?

- 1 ☐ Yes
 2 ☐ No ⇒ Go to question 55
 3 ☐ Don't know ⇒ Go to question 55

H9753

H9753_R SEE NOTE 11

54. If YES, how many prescriptions in the past 12 months did you have that were written by a CIVILIAN provider but were filled at a MILITARY pharmacy? Please include refills.

- 1 ☐ 1 to 6 prescriptions/refills
 2 ☐ 7 to 12 prescriptions/refills
 3 ☐ 13 to 24 prescriptions/refills
 4 ☐ 25 to 36 prescriptions/refills
 5 ☐ 37 to 48 prescriptions/refills
 6 ☐ 49 to 60 prescriptions/refills
 7 ☐ More than 60 prescriptions/refills

H9754

55. Did you get MOST of your medical care from a military facility in the past 12 months?

- 1 ☐ Yes ⇒ Go to question 57
 2 ☐ No

H9755

H9755_R SEE NOTE 12

56. Which of the following explains why you did NOT get most of your medical care at a military facility in the past 12 months? MARK ALL THAT APPLY

- A ☐ I never try to get care at a military facility
 B ☐ I didn't need any medical care over the past 12 months
 C ☐ The military facility is too far away
 D ☐ It is too difficult to get an appointment at a military facility
 E ☐ I cannot see the same provider on each visit
 F ☐ The military facility I used has been closed
 G ☐ The services I needed were not available
 H ☐ I can get better care from civilian providers
 I ☐ I am not eligible for care in military facilities
 J ☐ There are no appointments available for beneficiaries like me
 K ☐ It is difficult to find a parking place at the MTF
 L ☐ Some other reason

H9756A -
H9756L

1 = marked

2 = not marked

VI: Medical Care at Civilian Facilities

For questions in this section, "CIVILIAN facility" includes a civilian doctor's office, civilian hospital or clinic, a VA hospital or clinic, a UTF or a TRICARE civilian network provider. "CIVILIAN provider" includes doctors and other health care professionals who work at civilian facilities.

57. In the past 12 months, was there a time when you wanted to get health care at a CIVILIAN facility but could not get care?

- 1 ☐ Yes
2 ☐ No

H9757

58. Did you, yourself, receive any health care from a CIVILIAN facility or provider in the past 12 months?

- 1 ☐ Yes
2 ☐ No ⇒ Go to question 70

H9758

H9758_R SEE NOTE 13

59. Did you stay overnight or longer as a patient in a CIVILIAN hospital in the past 12 months?

- 1 ☐ Yes
2 ☐ No ⇒ Go to question 61

H9759

H9759_R SEE NOTE 14

60. How many nights did you stay in a CIVILIAN hospital as a patient in the past 12 months?

Nights

(If more than 99 nights, mark "99")

Write the number in the boxes.

Then, mark the matching bubble below each box.

00 - 99

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

H9760

61. How many outpatient visits did you make to a CIVILIAN facility or provider in the past 12 months?

Visits

(If more than 99 visits, mark "99")

Write the number in the boxes.

Then, mark the matching bubble below each box.

00 - 99

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

H9761

62. In the past 12 months, how many telephone calls did you or a family member USUALLY make to get an appointment with a CIVILIAN provider for YOU?

- 2 ☐ 1 to 2 calls
3 ☐ 3 to 5 calls
4 ☐ 6 to 9 calls
5 ☐ 10 or more calls
1 ☐ Did not make telephone calls for appointments in past 12 months

H9762

63. In the past 12 months, how long did you USUALLY wait in the office or waiting room to see the CIVILIAN provider?

- 1 ☐ Less than 10 minutes
2 ☐ 10 minutes to less than 15 minutes
3 ☐ 15 minutes to less than 30 minutes
4 ☐ 30 minutes to an hour
5 ☐ More than 1 hour

H9763

64. In the past 12 months, how long did it USUALLY take you to travel to the CIVILIAN facility where you had your visit(s)?

- 1 ☐ Less than 10 minutes
2 ☐ 10 minutes to less than 15 minutes
3 ☐ 15 minutes to less than 30 minutes
4 ☐ 30 minutes to an hour
5 ☐ More than 1 hour

H9764

65. How long did you USUALLY wait between the day you made an appointment for care and the day you actually saw a CIVILIAN provider? 1 2 3 4 5 6 7 Does Not Apply⁶

H9765A - H9765D

When going for:

	Same Day	1-3 Days	4-7 Days	8-14 Days	15-30 Days	31-60 Days	More Than 60 Days	Does Not Apply
a. Routine care (like a checkup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Minor illness or injury (like treatment for a sore throat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Chronic or on-going condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Urgent care (like a broken arm or shortness of breath)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. How much do you agree or disagree with the following statements about the health care you received at CIVILIAN facilities?

a. I am satisfied with the health care that I received at civilian facilities.

- 1 ☐ Strongly disagree
 2 ☐ Disagree
 3 ☐ Neither agree nor disagree
 4 ☐ Agree
 5 ☐ Strongly agree

H9766A

b. I would recommend civilian health care to my family or friends who need care.

- 1 ☐ Strongly disagree
 2 ☐ Disagree
 3 ☐ Neither agree nor disagree
 4 ☐ Agree
 5 ☐ Strongly agree

H9766B

67. Please rate the following aspects of the health care you received from CIVILIAN providers (including VA, UTFs and TRICARE civilian network providers) in the past 12 months. (If a question does not apply to you, mark Not Applicable.)

H9767A - H9767GG

	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent	-6 Not Applicable
a. Convenience of location of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Access to health care whenever you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Access to a specialist if you need one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Access to hospital care if you need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Access to medical care in an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ease of making appointments for health care by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Length of time you wait at office to see the provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Length of time you wait between making an appointment for routine care and the day of your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

67. continued . . .

H9767A -H9767GG
continued

	1	2	3	4	5	-6
	Poor	Fair	Good	Very Good	Excellent	Not Applicable
j. Availability of health care information or advice by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Services available for getting prescriptions filled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Thoroughness of examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Ability to diagnose my health care problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Skill of health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Thoroughness of treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. The outcomes of your health care (how much you are helped)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Overall quality of health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Provider's explanation of health care procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Provider's explanation of medical tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Attention provider gives to what you have to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Advice provider gives you about ways to avoid illness and stay healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Courtesy shown to you by administrative staff (e.g., receptionists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w. Courtesy shown to you by health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Provider's concern for you as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y. Provider's concern for your privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z. Reassurance and support offered to you by health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aa. Amount of time with health care providers during a visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb. Ability to choose health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc. Ease of seeing the provider of your choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dd. Health care providers' personal interest in the outcome of your problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee. Protection you have against financial hardship due to medical expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff. Help with arrangements to get the health care you need without financial problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gg. Ease of parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. Did you use CHAMPUS (TRICARE Standard) in the past 12 months to pay for any of your care from CIVILIAN facilities or providers?

- 1 ☐ Yes
2 ☐ No ⇒ Go to question 70

H9768

H9768_R SEE NOTE 15

69. How satisfied are you with each of the following aspects of your CHAMPUS (TRICARE Standard) benefit?

H9769A - H9769G	1 Very Dis- satisfied	2 Dis- satisfied	3 Neither Satisfied Nor Dissatisfied	4 Satisfied	5 Very Satisfied
a. Provider's willingness to submit claims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Claims processing procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Time it takes to solve claims problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Time waiting for payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amount of deductible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Amount of copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Services and procedures covered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VII: TRICARE

70. Did you hear or read anything about TRICARE before filling out this survey?

- 1 ☐ Yes
2 ☐ No

H9770

71. How much do you know about TRICARE?

- 1 ☐ Nothing ⇒ Go to question 84
2 ☐ A little
3 ☐ Something
4 ☐ A great deal

H9771

H9771_R SEE NOTE 16

72. How have you learned about TRICARE? MARK ALL THAT APPLY.

- A ☐ I attended a presentation about TRICARE
B ☐ I read an information package mailed to my home
C ☐ I talked to a MILITARY doctor or medical provider about TRICARE
D ☐ I talked to a CIVILIAN doctor or medical provider about TRICARE
E ☐ I called the TRICARE information number
F ☐ I read about TRICARE in the base newspaper
G ☐ I read about TRICARE in my city, town or regional newspaper
H ☐ I talked to my friends and neighbors about TRICARE
I ☐ I visited the TRICARE Service Center
J ☐ I heard about TRICARE on commercial radio or TV
K ☐ Some other source

H9772A - H9772K

1 = marked

2 = not marked

73. How strongly do you agree or disagree with the following statements about TRICARE Prime?

	1	2	3	4	5
	Strongly Disagree	Dis- agree	Neither Agree Nor Disagree	Agree	Strongly Agree
H9773A -H9773O					
a. I have clear information on TRICARE Prime enrollment procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. TRICARE Prime will improve my access to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am confused about my costs under TRICARE Prime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I will have better preventive care with TRICARE Prime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. TRICARE Prime will make it harder for me to see a specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Under TRICARE Prime I can see the same provider on each visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I know exactly how to make an appointment under TRICARE Prime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. TRICARE Prime will make it easier to get phone advice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I will have to use more of my own money for health care under TRICARE Prime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I know how to use the TRICARE Prime Health Care Finder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am satisfied with the promptness of payment for my bills from civilian providers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I am satisfied with my choice of providers under TRICARE Prime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. The quality of my health care has improved under TRICARE Prime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I need more information about TRICARE Prime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. I understand the differences among TRICARE Prime, Extra and Standard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

74. Has TRICARE had any effect on your decision whether or not to be covered by CHAMPUS or Medicare supplemental insurance?

(CHAMPUS or Medicare supplemental insurance helps pay the balance due after CHAMPUS or Medicare pays its share of medical fees. You usually obtain CHAMPUS supplemental through military or retiree associations. You usually obtain Medicare supplemental insurance from private insurance companies.)

- 1 ☐ No, TRICARE has had no effect on my decision whether or not to be covered by supplemental insurance.
 2 ☐ Yes, I have added supplemental insurance because of TRICARE.
 3 ☐ Yes, I have dropped supplemental insurance because of TRICARE.

H9774



75. Has TRICARE had any effect on your decision whether or not to be covered by other private insurance such as Blue Cross or Prudential or an HMO such as Kaiser? (Please do not include Medicare Part B, CHAMPUS or Medicare supplemental insurance.)

H9775

- 1 No, TRICARE has had no effect on my decision whether or not to be covered by private medical insurance or an HMO.
- 2 Yes, I have added private insurance coverage because of TRICARE.
- 3 Yes, I have dropped private insurance coverage because of TRICARE.

76. Are you, yourself, currently enrolled in TRICARE Prime? (PRIME is the HMO-like option available under TRICARE.)

H9776

- 1 Yes, I'm enrolled in Prime
- 2 No, I'm not enrolled in Prime ⇒ Go to question 83
- 3 I don't know if I am enrolled ⇒ Go to question 83

H9776_R SEE NOTE 17

77. Where did you usually receive health care before you enrolled in TRICARE Prime? MARK ONLY ONE ANSWER.

H9777

- 1 A military clinic or hospital (including sick call)
- 2 A civilian place, such as a private doctor's office
- 3 A PRIMUS or NAVCARE Clinic
- 4 A Uniformed Services Treatment Facility (USTF)
- 5 A Veterans Affairs (VA) clinic or hospital
- 6 Some other type of place

78. How long have you been enrolled in TRICARE Prime?

H9778

- 1 Less than 6 months
- 2 At least 6 months, but less than 1 year
- 3 At least 1 year, but less than 2 years
- 4 At least 2 years, but less than 5 years
- 5 5 years or more

79. As a member of TRICARE Prime, do you have a MILITARY or a CIVILIAN primary care manager?

- 1 I have a MILITARY primary care manager
- 2 I have a CIVILIAN primary care manager

H9779

80. Did you have the opportunity to choose your primary care manager?

H9780

- 1 Yes, I chose my primary care manager
- 2 No, I did not choose my primary care manager

81. Since enrolling in TRICARE Prime, have you, yourself, received any medical care from your primary care manager?

- 1 Yes
- 2 No

H9781

82. How much do you agree or disagree with the following statements about the health care you received under TRICARE Prime?

- a. I am satisfied with the health care that I receive under TRICARE Prime.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

H9782A

- b. I would recommend TRICARE Prime to my family or friends who need care.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree

H9782B

83. How likely are you to be enrolled in TRICARE Prime in the next 12 months?

- 1 Very unlikely
- 2 Unlikely
- 3 Neither likely nor unlikely
- 4 Likely
- 5 Very likely

H9783

VIII: Dental Care

84. Where do you usually go to get dental care?

- 1 ☐ MILITARY dentist or dental clinic
2 ☐ CIVILIAN dentist or dental clinic

H9784

85. In the past 12 months, did you see a dentist or receive care at a dental clinic?

- 1 ☐ Yes
2 ☐ No ⇒ Go to question 88

H9785

H9785_R SEE NOTE 18

STOP: Read these instructions before you continue: Please answer questions 86 and 87 about the type of dental care you use MOST.

86. Please indicate how many times you visited that type of dentist or dental clinic for your own dental care over the past 12 months.

- 1 ☐ No visits ⇒ Go to question 88
2 ☐ 1 visit
3 ☐ 2 visits
4 ☐ 3 visits
5 ☐ 4 visits
6 ☐ 5 or more visits

H9786

H9786_R

87. Thinking about your own dental care over the past 12 months, how would you rate the following?

H9787A - H9787E

H9787A_R - H9787E_R

	1	2	3	4	5	-6
	Poor	Fair	Good	Very Good	Excellent	Not Applicable
a. Access to dental care when you needed it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ease of making a dental appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Skill of the dental health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Quality of your dental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your dental care overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

88. Are you, **YOURSELF**, enrolled in the TRICARE Active Duty Family Member Dental Plan?

- 1 ☐ Yes
2 ☐ No

H9788

IX: Facts About You

Information in this section will be used to study how different kinds of people view our health care system. This information will NOT be used to identify you personally.

89. How long have you lived in your current local area?

- 1 ☐ Less than 6 months
 2 ☐ 6 months to less than 1 year
 3 ☐ 1-3 years
 4 ☐ More than 3 years

H9789

90. What was your family's TOTAL income in 1996 BEFORE taxes? (Please include wages; net income from a business, farm or rental properties; any dividends and interest; social security, pensions and alimony or any other money income received by members of the family who are 15 years of age or older.)

- 01 ☐ Less than \$10,000
 02 ☐ \$10,000 to \$14,999
 03 ☐ \$15,000 to \$19,999
 04 ☐ \$20,000 to \$29,999
 05 ☐ \$30,000 to \$39,999
 06 ☐ \$40,000 to \$49,999
 07 ☐ \$50,000 to \$59,999
 08 ☐ \$60,000 to \$74,999
 09 ☐ \$75,000 to \$99,999
 10 ☐ \$100,000 and over

H9790

91. What is the zip code, APO, or FPO where you now live?

ZIPCODE

SRZIP

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

← Write the number in the boxes.

← Then, mark the matching bubble below each box.

00000 -
99999

SEE NOTE 19

- 6 ☐ Does not apply; I don't have a zip code, APO or FPO

92. Are you eligible for MILITARY health care because of your own MILITARY service (active duty or retired), your spouse's MILITARY service or both? MARK ONLY ONE.

H9792

- 1 ☐ My own MILITARY service (active duty or retired)
 2 ☐ My spouse's MILITARY service
 3 ☐ My own MILITARY service (active duty or retired) and my spouse's MILITARY service
 -6 ☐ Does not apply

93. What age were you on your last birthday?

Years

SRAGE

← Write the number in the boxes.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

← Then, mark the matching bubble below each box.

18 - 99

SEE NOTE 20

94. Which of the following best describes your current marital status?

- 5 ☐ Never married
 4 ☐ Married
 3 ☐ Separated
 2 ☐ Divorced
 1 ☐ Widowed

SRMARST

95. What is the HIGHEST school grade or academic degree that you have?

SREDA - SREDH

- A ☐ Less than 12 years of school (no diploma)
 B ☐ GED or other high school equivalency certificate
 C ☐ High school diploma
 D ☐ Some college, but did not graduate 1 = marked
 E ☐ 2-year college degree (AA/AS)
 F ☐ 4-year college degree (BA/BS) 2 = not marked
 G ☐ Some graduate school, but no degree
 H ☐ Masters, doctoral degree, or professional school degree (MA/MS/Ph.D./MD/JD/DVM)

SRED - SREDHIGH SEE NOTE 21

96. Are you of Hispanic/Spanish origin or descent?

- 1 ☐ No
 2 ☐ Yes

SRHISPA

97. What race do you consider yourself to be?

- 1 ☐ White
 2 ☐ Black/African-American
 3 ☐ Indian (American)/Eskimo/Aleut
 4 ☐ Asian or Pacific Islander

SRRACE

SEE NOTE 22

98. On what date did you complete this questionnaire?

SRMO & SRDAY

	Month	Day
01	<input type="radio"/> January	
02	<input type="radio"/> February	
03	<input type="radio"/> March	<input type="radio"/> 01 <input type="radio"/> 02
04	<input type="radio"/> April	<input type="radio"/> 01 <input type="radio"/> 02
05	<input type="radio"/> May	<input type="radio"/> 01 <input type="radio"/> 02
06	<input type="radio"/> June	<input type="radio"/> 01 <input type="radio"/> 02
07	<input type="radio"/> July	<input type="radio"/> 01 <input type="radio"/> 02
08	<input type="radio"/> August	<input type="radio"/> 01 <input type="radio"/> 02
09	<input type="radio"/> September	<input type="radio"/> 01 <input type="radio"/> 02
10	<input type="radio"/> October	<input type="radio"/> 01 <input type="radio"/> 02
11	<input type="radio"/> November	<input type="radio"/> 01 <input type="radio"/> 02
12	<input type="radio"/> December	<input type="radio"/> 01 <input type="radio"/> 02

01 - 31

SEE NOTE 23

99. Mark the Military Medical Treatment Facility at which you received most of your medical care during the past 12 months. If you did not receive most of your care at a Military Medical Treatment Facility, please mark the one that you would most likely use. For facilities not listed, please mark "Other Facility".

SRMTF001 - SRMTF999

Alabama

- 0002 ☐ Fort McClellan 1 = marked
 0003 ☐ Fort Rucker 2 = not marked
 0004 ☐ Maxwell Air Force Base
 0001 ☐ Redstone Arsenal

SRMMTF, SRMMTFCT,

Alaska

SRMMTF1 - SRMMTF4

- 0203 ☐ Eielson Air Force Base
 0006 ☐ Elmendorf Air Force Base
 0005 ☐ Fort Wainwright

SEE NOTE 24

Arizona

- 0010 ☐ Davis Monthan Air Force Base
 0008 ☐ Fort Huachuca
 0009 ☐ Luke Air Force Base

Arkansas

- 0013 ☐ Little Rock Air Force Base

California

- 0015 ☐ Beale Air Force Base
 0019 ☐ Edwards Air Force Base
 0131 ☐ Fort Irwin
 0248 ☐ Los Angeles AFS
 0021 ☐ March Air Force Base
 0250 ☐ McClellan Air Force Base
 0028 ☐ Naval Hospital, Lemoore
 0024 ☐ Naval Hospital, Camp Pendleton
 0027 ☐ Naval Hospital, Oakland
 0030 ☐ Naval Hospital, Twentynine Palms
 0029 ☐ Naval Medical Center, San Diego
 0026 ☐ Naval Medical Clinic, Port Hueneme
 0014 ☐ Travis Air Force Base
 0018 ☐ Vandenberg Air Force Base

Colorado

- 0032 ☐ Fort Carson
 0252 ☐ Peterson Air Force Base
 0033 ☐ USAF Academy
 0031 ☐ Fitzsimons Army Medical Center Clinics

99. continued . . .

99. continued . . .

99. continued . . .

SRMTF001 - SRMTF999 continued

Connecticut

0035 Naval Hospital, Groton

Delaware

0036 Dover Air Force Base

District of Columbia

0413 Bolling Air Force Base

0037 Walter Reed Army
Medical Center

Florida

0042 Eglin Air Force Base

0045 MacDill Air Force Base

0039 Naval Hospital, Jacksonville

0038 Naval Hospital, Pensacola

0041 Naval Medical Clinic,
Key West

0046 Patrick Air Force Base

0043 Tyndall Air Force Base

Georgia

0048 Fort Benning

0047 Fort Gordon

0049 Fort Stewart

0050 Moody Air Force Base

0337 Naval Medical Clinic,
Kings Bay

0051 Robins Air Force Base

Hawaii

0287 Hickam Air Force Base

0280 Naval Medical Clinic,
Pearl Harbor

0052 Tripler Army Medical Center

Idaho

0053 Mountain Home Air Force
Base

Illinois

0056 Naval Hospital, Great Lakes

0055 Scott Air Force Base

Kansas

0058 Fort Leavenworth

0057 Fort Riley

0059 McConnell Air Force Base

Kentucky

0060 Fort Campbell

0061 Fort Knox

Louisiana

0062 Barksdale Air Force Base

0064 Fort Polk

0297 Naval Medical Clinic, New
Orleans

Maine

0198 Martins Point USTF Portland

Maryland

0066 Andrews Air Force Base

0069 Fort Meade

0067 National Naval Medical
Center, Bethesda

0068 Naval Hospital, Patuxent
River

0306 Naval Medical Clinic,
Annapolis

0190 Wyman Park USTF
Baltimore

Massachusetts

0191 Brighton Marine USTF Boston

0310 Hanscom Air Force Base

Mississippi

0074 Columbus Air Force Base

0073 Keesler Air Force Base

Missouri

0075 Fort Leonard Wood

0076 Whiteman Air Force Base

Montana

0077 Malmstrom Air Force Base

Nebraska

0078 Offutt Air Force Base

Nevada

0079 Nellis Air Force Base

New Hampshire

0321 Naval Medical Clinic,
Portsmouth

New Jersey

0081 Fort Monmouth

0326 McGuire Air Force Base/
Fort Dix

New Mexico

0085 Cannon Air Force Base

0084 Holloman Air Force Base

0083 Kirtland Air Force Base

New York

0193 Bayley Seton USTF Staten
Island

0086 West Point

USE NO. 2 PENCIL ONLY

99. continued . . .

99. continued . . .

99. continued . . .

SRMTF001 - SRMTF999 continued

North Carolina

- 0089 ○ Fort Bragg
- 0091 ○ Naval Hospital, Camp Lejeune
- 0092 ○ Naval Hospital, Cherry Point
- 0335 ○ Pope Air Force Base
- 0090 ○ Seymour Johnson Air Force Base

North Dakota

- 0093 ○ Grand Forks Air Force Base
- 0094 ○ Minot Air Force Base

Ohio

- 0199 ○ Lutheran Medical USF Cleveland
- 0095 ○ Wright-Patterson Air Force Base

Oklahoma

- 0097 ○ Altus Air Force Base
- 0098 ○ Fort Sill
- 0096 ○ Tinker Air Force Base
- 0338 ○ Vance Air Force Base

Pennsylvania

- 0352 ○ Carlisle Barracks

Rhode Island

- 0100 ○ Naval Hospital, Newport

South Carolina

- 0356 ○ Charleston Air Force Base
- 0105 ○ Fort Jackson
- 0104 ○ Naval Hospital, Beaufort
- 0103 ○ Naval Hospital, Charleston
- 0101 ○ Shaw Air Force Base

South Dakota

- 0106 ○ Ellsworth Air Force Base

Tennessee

- 0107 ○ Naval Hospital, Millington

Texas

- 0363 ○ Brooks Air Force Base
- 0112 ○ Dyess Air Force Base
- 0108 ○ Fort Bliss
- 0110 ○ Fort Hood
- 0109 ○ Fort Sam Houston
- 0364 ○ Goodfellow Air Force Base
- 0365 ○ Kelly Air Force Base
- 0117 ○ Lackland Air Force Base
- 0114 ○ Laughlin Air Force Base
- 0118 ○ Naval Hospital, Corpus Christi
- 0366 ○ Randolph Air Force Base
- 0113 ○ Sheppard Air Force Base
- 0192 ○ St. John's USF Nassau Bay
- 0196 ○ St. Joseph's USF Houston
- 0195 ○ St. Mary's USF Galveston
- 0195 ○ St. Mary's USF Port Arthur

Utah

- 0119 ○ Hill Air Force Base

Virginia

- 0123 ○ Fort Belvoir
- 0121 ○ Fort Eustis
- 0122 ○ Fort Lee
- 0120 ○ Langley Air Force Base
- 0124 ○ Naval Medical Center, Portsmouth
- 0385 ○ Naval Medical Clinic, Quantico

Washington

- 0128 ○ Fairchild Air Force Base
- 0125 ○ Fort Lewis
- 0395 ○ McChord Air Force Base
- 0126 ○ Naval Hospital, Bremerton
- 0127 ○ Naval Hospital, Oak Harbor
- 0194 ○ Pacific Medical, Seattle
- 0396 ○ Naval Medical Clinic, Seattle

Wyoming

- 0129 ○ F.E. Warren Air Force Base

Overseas Facilities

Belgium

- 0614 ○ 196th Station Hospital, SHAPE

Cuba

- 0615 ○ Naval Hospital, Guantanamo Bay

England

- 0633 ○ 48th TFW Hospital, Lakenheath
- 0653 ○ RAF Croughton

Germany

- 0606 ○ 130th Station Hospital, Heidelberg
- 0607 ○ 2nd General Hospital, Landstuhl
- 0601 ○ 34th General Hospital, Augsburg
- 0609 ○ 67th Evacuation Hospital, Wuerzburg
- 0806 ○ Ramstein Air Base
- 0805 ○ Spangdahlem (Bitburg) Air Force Base

Guam

- 0802 ○ Anderson Air Force Base
- 0620 ○ Naval Hospital, Guam

Iceland

- 0623 ○ Naval Hospital, Keflavik

Italy

- 0611 ○ 45th Field Hospital, Vicenza
- 0808 ○ Aviano Air Base
- 0617 ○ Naval Hospital, Naples
- 0624 ○ Naval Hospital, Sigonella

99. continued ...

99. continued ...

SRMTF001 - SRMTF999 continued

Japan

- 0640 ☐ Yokota Air Base
- 0639 ☐ Misawa Air Base
- 0804 ☐ Kadena Air Base
- 0621 ☐ Naval Hospital, Okinawa
- 0622 ☐ Naval Hospital, Yokosuka

Korea

- 0612 ☐ 121st Evacuation Hospital
Seoul
- 0638 ☐ Osan Air Base
- 0637 ☐ Kusan Air Base

Panama

- 0613 ☐ Gorgas ACH
- 0449 ☐ Howard Air Base

Portugal

- 0629 ☐ USAF Hospital Lajes

Puerto Rico

- 0616 ☐ Naval Hospital, Roosevelt Roads

Spain

- 0618 ☐ Naval Hospital, Rota

Turkey

- 0635 ☐ Incirlik Air Base
- 0825 ☐ Izmir Air Station

Other Facility Not Listed

- 9999 ☐ Another facility



<p>X: Comments</p>	
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Thank you very much for taking the time to complete this important survey.

We have tried to ask about important issues concerning your health and the health care you receive in the Military Health Services System. Have we left anything out? If so, please write your suggestions to improving this questionnaire in the space below.

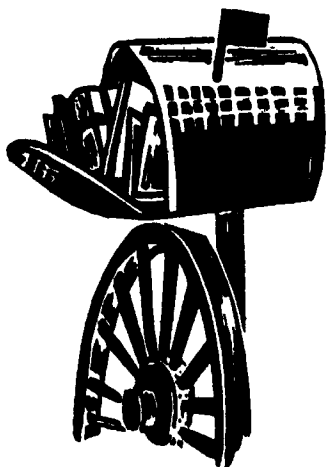
If your comments concern a particular question, be sure to write the question number before your comment.

Nothing in any part of this survey will be used to personally identify you in any way.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU FOR COMPLETING THIS SURVEY!

THANK YOU FOR COMPLETING THIS SURVEY!



PLEASE RETURN YOUR COMPLETED SURVEY IN
THE BUSINESS REPLY ENVELOPE.

IF YOU ARE RETURNING THE SURVEY FROM
ANOTHER COUNTRY, BE SURE TO RETURN THE
BUSINESS REPLY ENVELOPE ONLY THROUGH A
U.S. GOVERNMENT MAIL ROOM OR POST OFFICE.

FOREIGN POSTAL SYSTEMS WILL NOT DELIVER
BUSINESS REPLY MAIL.



DO NOT WRITE IN THIS AREA